CITY OF TIPP CITY BUSINESS INCOME TAX QUESTIONNAIRE

PLEASE COMPLETE ALL ITEMS AND RETURN THE QUESTIONNAIRE TO: PHONE: (937) 667-8426

TIPP CITY DEPARTMENT OF TAXATION, 260 S. GARBER DR., TIPP CITY, OH 45371-3116

FAX: (937) 667-6734

LEGAL NAME OF BUSINESS:
STREET/CITY/STATE/ZIP ADDRESS:
MAILING ADDRESS (IF DIFFERENT)
TELEPHONE NUMBER FAX NUMBER
E-MAIL ADDRESS
CONTACT PERSON
TYPE OF ORGANIZATION: PROPRIETORSHIP PARTNERSHIP S-CORP C-CORP LLC LLP ESTATE OTHER (SPECIFY)
FEDERAL I.D. NUMBER: IF NONE, THEN SOCIAL SECURITY NUMBER:
ACCOUNTING PERIOD: CALENDAR YEAR, OR FISCAL YEAR ENDING DATE STARTED BUSINESS IN TIPP CITY:
DO YOU, OR WILL YOU, HAVE EMPLOYEES WORKING IN TIPP CITY ? YES NO NO STIMATED MONTHLY TIPP CITY PAYROLL \$
DO YOU USE A PAYROLL SERVICE? YES NO IF YES, NAME
DO YOU USE AN EMPLOYEE LEASING COMPANY, OR PERSONNEL AGENCY? YES NO IF YES, PLEASE LIST THE NAME, ADDRESS, PHONE NUMBER & CONTACT PERSON:
IF YOU ARE A CONTRACTOR OR SUBCONTRACTOR, PLEASE SUPPLY THE FOLLOWING INFORMATION:
NAME, ADDRESS & PHONE NUMBER OF PARTY FROM WHOM CONTRACTED OR SUBCONTRACTED:
TIPP CITY PROJECT YOU ARE WORKING ON (LOCATION OF JOB):
ARE YOU, OR WILL YOU, BE SUBCONTRACTING ANY OF THE WORK TO SOMEONE ELSE YES NO IF YES, ATTACH A COMPLETE LIST SHOWING NAMES, ADDRESSES, CONTACT PERSONS & TELEPHONE NUMBERS OF ALL SUBCONTRACTORS: